**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR		NUMBE	R FILED	NUMBER E	XTRA	F	RATE	FEE		RATE	FEE
BASIC FEE				ala alla di	and a distance			380.00	OR		760.00
TO	TAL CLAIMS	5	<i>○</i> minus 20=	*30		>	<b>(\$</b> 9=		OR	X\$18=	540
IND	EPENDENT CL	AIMS	minus 3 =		* 4		X39=	****	OR	X78=	3/2
MULTIPLE DEPENDENT CLAIM PRESENT							130=		OR	+260=	77
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	16/2
CLAIMS AS AMENDED - PART II								OTHER THAN			
(Column 1) (Column 2) (Column 3)							MALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 43	Minus **	·00	=	>	<b>(\$</b> 9=	<del>,</del> .	OR	X\$18=	
	Independent	* 7	Minus *	** /	=		X39=		OR	X78=	
٧	FIRST PRESE	NTATION OF ML	ILTIPLE DEPEN	IDENT CLAIM		H	100			1260	
						Ľ	130= TOTAL		OR	# <del>200=</del>	9/)
									OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	_	1	ADDI-	I I		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 2	Minus *	.50	=	>	<b>K\$</b> 9=		OR	X\$18=	1
	Independent	* 9	<u> </u>	HAX T	=		X39=	,	OR	Ø=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·130=		OR	290=	
						ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	W
		(Column 1)		(Column 2)	(Column 3)					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE~	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus *	*	=	$\Box$	<b>(</b> \$ 9=		OR	X\$18=	
	Independent	*	Minus ,	***	=	<u> </u>	 X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
	AE AL	مد بد و دور			diama O	+	130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Fon is for INTERNAL PTO E ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATIO	N NUMBER	:				
		Total Fe	ee Calculatio	ם		
	Fee Code	Total . # Claims	Number Extra X	Fee	Fcc =	_
	Sm Æg.			Sm. Entity	Lg. Entity	Total
Basic Filing Fee	201/101		0.5		760	
Total Claims >20	203/103	50 .20	- 30 x		540	
Independent Claims >3	202/102	7 .3.	4 x		312	
Mult Dep Claim Presen	1 204/104	<del></del>			-/	<del></del>
Surcharge	205/105	٠.			130	
English Translation	139			-	<u>//</u> -	
TOTAL FEE CALCUI	NOITA	•	•			
Fees due upon filing	the application:					,
Total Filing Fees Due			7/2			
Less Filing Fees Subr	ग्रांसed - S					
BALANCE DUE	= 5	17	42	<i>:</i>		
Office of Initial Patent	M	P				
or minar kateut	Examination		•			
FORM OPE-RAM-01 (Re	v. 12/97)					;